Department of Labor and Industries Apprenticeship Section PO Box 44530 Olympia WA 98504-4530



INSTRUCTOR'S REPORT OF ACCIDENT/INCIDENT

Form must be submitted within FIVE days of accident/incident of apprentice/ojt during RSI to the Apprenticeship Section

Name of apprenticeship/oit program Occupation Location of accident/incident during RSI classes Name of any witnesses Name of any witnesses Accident/incident reported to instructor Time Task being performed when accident/incident occurred Accident/incident resulted in (mark all that apply) Fatality First aid only Medical treatment required Workdays lost Equipment damage Describe injuries Describe how accident/incident occurred What actions, events, or conditions contributed most directly to this accident/incident? What could be done to prevent future accidents/incidents of this type?	Name of injured individual	Registration #
Location of accident/incident during RSI classes Name of any witnesses Task being performed when accident/incident occurred Accident/incident resulted in (mark all that apply) First aid only Medical treatment required Workdays lost Equipment damage Describe injuries Describe how accident/incident occurred What actions, events, or conditions contributed most directly to this accident/incident?	Name of apprenticeship/ojt program	
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Accident/incident resulted in (mark all that apply) Fatality First aid only Medical treatment required Workdays lost Equipment damage	Name of any witnesses	
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Both Parties must sign below! Date Printed name of program sponsor Signature	Both Parties must sign below! Date Printed name of program sponsor Signature	
Date Printed Name of instructor Signature	Date Printed Name of instructor Signature	